



Washington State Department of Health
FOODBORNE ILLNESS INVESTIGATION FORM
PART III – OUTBREAK SUMMARY REPORT

DOH USE ONLY

Return completed form to DOH Epidemiology, 1610 NE 150th St., Shoreline, WA 98155, Fax (206) 418-5515

Investigation Method (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Interviews of ill persons (# interviewed_____) | <input type="checkbox"/> Investigation at original source (e.g., production facility) |
| <input type="checkbox"/> Interviews of well persons (# interviewed_____) | <input type="checkbox"/> Food product traceback |
| <input type="checkbox"/> Food preparation review | <input type="checkbox"/> Environmental/food/water sample testing |

Note: If statistical analysis performed, please attach a copy of the results.

Dates and Location

Date first case became ill: ____/____/____ Date last case became ill: ____/____/____

Date of initial exposure: ____/____/____ Date of last exposure: ____/____/____

City/Town/Place of exposure:

Primary Cases

# Lab-confirmed primary cases		Sex (estimated percent of the primary cases)	
# Probable primary cases		Male	%
# Estimated total primary cases		Female	%

	# Cases	Total # cases for whom info is available	Approximate percent of primary cases in each age group			
# Died			<1 year	%	20–49 years	%
# Hospitalized			1–4 years	%	50–74 years	%
# Visited ER			5–9 years	%	≥ 75 years	%
# Visited HCP			10–19 years	%	Unknown	%

Incubation Period (circle appropriate units)

Duration of Illness (circle appropriate units)

Shortest	Hr/Days	Shortest	Hr/Days
Median	Hr/Days	Median	Hr/Days
Longest	Hr/Days	Longest	Hr/Days

Total # of cases for whom info is available		Total # of cases for whom info is available	
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☐ Unknown incubation period ☐ Unknown duration of illness

Signs and Symptoms

	# Cases with signs or symptoms	Total # cases for whom info available
Vomiting		
Diarrhea		
Bloody stools		
Fever		
Abdominal cramps		

Secondary Cases

# Lab-confirmed secondary cases		Total # of secondary cases	
# Probable secondary cases			

Total Cases (Primary + Secondary): _____

Etiologic Agent

- Is the etiologic agent laboratory confirmed? ☐ Yes ☐ No
- If the etiologic agent is not laboratory confirmed, the following agent is suspected based on the epidemiologic evidence:
☐ Bacterial toxin ☐ Bacterial infection ☐ Viral ☐ Chemical ☐ Unknown ☐ Other: _____
 - If the etiologic agent is not laboratory confirmed, were patient specimens collected? ☐ Yes ☐ No

Laboratory Results

Genus / Species / Serotype	Detected in*	# Lab-confirmed cases

*Detected in (choose all that apply): 1=patient specimen, 2=food specimen, 3=environmental specimen, 4=food worker specimen

COMPLETED BY(print): _____ Agency _____ Phone _____ Date ____/____/____



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FOOD-SPECIFIC DATA			
<input type="checkbox"/> Food vehicle undetermined Total # of cases exposed to implicated food _____			
	Food 1	Food 2	
Name of food (excluding any preparation)			
Reason(s) food suspected* (enter all that apply)			
Method of processing* (enter all that apply)			
Method of preparation* (enter one)			
Level of preparation* (enter one)			
* See page 3 and 4 for list of possible answers			
Location where food was prepared (Check all that apply)		Location of exposure (where food was eaten) (Check all that apply)	
<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)	<input type="checkbox"/> Nursing home, assisted living facility, home care	<input type="checkbox"/> Restaurant – ‘Fast-food’ (drive up service or pay at counter)	<input type="checkbox"/> Nursing home, assisted living facility, home care
<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital
<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Child day care center	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Child day care center
<input type="checkbox"/> Private home	<input type="checkbox"/> School	<input type="checkbox"/> Private home	<input type="checkbox"/> School
<input type="checkbox"/> Banquet facility (food prepared and served on site)	<input type="checkbox"/> Prison, jail	<input type="checkbox"/> Banquet facility (food prepared and served on site)	<input type="checkbox"/> Prison, jail
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Church, temple, religious location	<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Church, temple, religious location
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Camp	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Camp
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Picnic	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Unknown	<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Unknown
Remarks:		Remarks:	
CONTRIBUTING FACTORS – Please note that there have been changes in the contributing factors numbering scheme and consult the current version in attached appendix.			
<input type="checkbox"/> Contributing factors unknown			
Contamination Factors related to the outbreak: (Check all that apply for the implicated food, see list below)			
<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> C6 <input type="checkbox"/> C7 <input type="checkbox"/> C8 <input type="checkbox"/> C9 <input type="checkbox"/> C10 <input type="checkbox"/> C11 <input type="checkbox"/> C12 <input type="checkbox"/> C13 <input type="checkbox"/> C14 <input type="checkbox"/> C15 <input type="checkbox"/> C-N/A			
Proliferation/Amplification Factors related to the outbreak: (Check all that apply for the implicated food, see list below)			
<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> P7 <input type="checkbox"/> P8 <input type="checkbox"/> P9 <input type="checkbox"/> P10 <input type="checkbox"/> P11 <input type="checkbox"/> P12 <input type="checkbox"/> P-N/A			
Survival Factors related to the outbreak: (Check all that apply for the implicated, see list below)			
<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S-N/A			
Food Workers			
Was food-worker implicated as the source of contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check only one of the following:			
<input type="checkbox"/> Laboratory and epidemiologic evidence			
<input type="checkbox"/> Epidemiologic evidence			
<input type="checkbox"/> Laboratory evidence			

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APPENDIX

Reason(s) suspected: Choose all that apply.

- 1 – Statistical evidence from epidemiological investigation
- 2 – Laboratory evidence (e.g., identification of agent in food)
- 3 – Compelling supportive information
- 4 – Other data (e.g., same phage type found on farm that supplied eggs)
- 5 – Specific evidence lacking but prior experience makes it likely source

Method of processing (Prior to point-of-service: Processor): **Choose all that apply.**

- P1 – Pasteurized (e.g., liquid milk, cheese, and juice etc)
- P2 – Unpasteurized (e.g., liquid milk, cheese, and juice etc)
- P3 – Shredded or diced produce
- P4 – Pre-packaged (e.g., bagged lettuce or other produce)
- P5 – Irradiation
- P6 – Pre-washed
- P7 – Frozen
- P8 – Canned
- P9 – Acid treatment (e.g., commercial potato salad with vinegar, etc)
- P10 – Pressure treated (e.g., oysters, etc)
- P11 – None or Unknown

Method of Preparation (At point-of-service: Retail: restaurant, food store): **Select only one**

- R1 – Prepared in the home
- R2 – Ready to eat food- No manual preparation, No cook step. (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; raw oysters, etc)
- R3 – Ready to eat food – Manual preparation, No cook step. (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, ect)
- R4 – Cook and Serve Foods: Immediate service. (e.g., soft-cooked eggs, hamburgers, etc)
- R5 – Cook and hot hold prior to service. (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes, etc)
- R6 – Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc)
- R7 – Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili, etc)
- R8 – Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc)
- R9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc packaged under ROP)
- R10 – None/ Unknown

Level of preparation: Select only one

- 1 – Foods eaten raw with minimal or no processing. (e.g., washing, cooling)
- 2 – Foods eaten raw with some processing. (e.g., no cooking, fresh cut and/or packaged raw)
- 3 – Foods eaten heat processed. (e.g., cooked: a microbiological kill step was involved in processing)

Contributing Factors: Choose all that apply.

Contamination Factors:

- C1** – Toxic substance part of the tissue
- C2** – Poisonous substance intentionally/deliberately added
- C3** – Poisonous substance accidentally/inadvertently added
- C4** – Addition of excessive quantities of ingredients that are toxic in large amounts
- C5** – Toxic container
- C6** – Contaminated raw product – food was intended to be consumed after a kill step
- C7** – Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed
- C8** – Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)
- C9** – Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- C10** – Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious
- C11** – Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious
- C12** – Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious
- C13** – Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
- C14** – Storage in contaminated environment
- C15** – Other source of contamination
- C-N/A** – Contamination Factors - Not Applicable

Proliferation/Amplification Factors:

- P1** – Food preparation practices that support proliferation of pathogens (during food preparation)
- P2** – No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
- P3** – Improper adherence of approved plan to use Time as a Public Health Control
- P4** – Improper cold holding due to malfunctioning refrigeration equipment
- P5** – Improper cold holding due to an improper procedure or protocol
- P6** – Improper hot holding due to malfunctioning equipment
- P7** – Improper hot holding due to improper procedure or protocol
- P8** – Improper/slow cooling
- P9** – Prolonged cold storage
- P10** – Inadequate modified atmosphere packaging
- P11** – Inadequate processing (acidification, water activity, fermentation)
- P12** – Other situations that promoted or allowed microbial growth or toxic production
- P-N/A** – Proliferation/Amplification Factors - Not Applicable

Survival Factors:

- S1** – Insufficient time and/or temperature control during initial cooking/heat processing
- S2** – Insufficient time and/or temperature during reheating
- S3** – Insufficient time and/or temperature control during freezing
- S4** – Insufficient or improper use of chemical processes designed for pathogen destruction
- S5** – Other process failures that permit pathogen survival
- S-N/A** – Survival Factors - Not Applicable